

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/06/2023
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NAME OF PROVIDER OR SUPPLIER SILVER BIRCH AT COOK ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 3731 WEST COOK ROAD FORT WAYNE, IN 46818
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00397938.</p> <p>Complaint IN00397938- Substantiated. State deficiencies related to the allegations are cited at R0216 and R0243</p> <p>Survey date: February 6, 2023</p> <p>Facility number: 014553</p> <p>Residential Census: 116</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed February 7, 2023</p>	R 0000		
R 0216 Bldg. 00	<p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance</p> <p>(c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following:</p> <p>(1) The resident ' s physical, cognitive, and mental status.</p> <p>(2) The resident ' s independence in the activities of daily living.</p> <p>(3) The resident ' s weight taken on admission and semiannually thereafter.</p> <p>(4) If applicable, the resident ' s ability to self-administer medications.</p> <p>(d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on interview and record review the facility failed to ensure a self medication administration</p>	R 0216	<u>R0216 – Evaluation – non-compliance</u>	02/24/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Piper Bakrevski	Senior Clinical Advisor	02/20/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>assessment was completed for 1 of 4 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>A record review was completed on 2/6/23 at 1:42 PM for Resident B. An order, dated 9/3/21, indicated to administer ipratropium bromide (nasal spray) solution 0.3% 1 spray in both nostrils three times a day for allergies.</p> <p>There were no orders indicating Resident B could self-administer medications.</p> <p>An interviewable list of residents was provided by the Administrator on 2/6/23 at 1:50 PM. The list indicated Resident B was interviewable.</p> <p>In an interview on 2/6/23 at 1:41 PM, Resident B indicated he self administered his nasal spray daily.</p> <p>In an interview on 2/6/23 at 2:07 PM, Qualified Nursing Assistant (QMA) 2 indicated Resident B self administered his nasal spray daily as ordered.</p> <p>In an interview on 2/6/23 at 2:14 PM, the Director of Nursing (DON) indicated Resident B had not had a self administration assessment completed and the resident should not self administer his medications.</p> <p>A current policy, last revised 1/20/20, was provided by the DON on 2/6/23 at 3 PM. The policy indicated "any resident wishing to administer their own medications will be assessed by a licensed nurse and self-administration assessment completed to determined resident's ability to self-administer their medications." The policy also indicated "any residents who</p>		<p><u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u> Resident B: Medication Self-administration Assessment was completed 2/15/23</p> <p><u>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u> All current residents residing at Silver Birch of Kokomo have the potential to be affected by the alleged deficient practice. Licensed Nurses will be re-educated by 2/23/23 regarding the Medication Program For Self-administration and completing the assessment upon a resident's request, and quarterly re-evaluations to ensure residents remain capable to self-administer their medications.</p> <p>- <u>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</u> The Director of Nursing and Wellness or designee will complete or monitor the completion of Medication self-administration assessments for residents that wish to</p>	
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R 0243 Bldg. 00	<p>administer their medications must have written authorization from their physician/practitioner indicating they may self-administer."</p> <p>This State finding relates to Complaint IN00397938.</p> <p>410 IAC 16.2-5-4(e)(3) Health Services - Deficiency (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment. Based on interview and record review the facility</p>	R 0243	<p>self-administer their medications upon move-in and at least quarterly when deemed able to self-administer, and complete the audit weekly for 3 months, then monthly for 3 months, then quarterly ongoing. Any findings will be addressed at the time of discovery.</p> <p>- <u>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u> The DONW or designee will report audit findings to the Quality Assurance (QA) Committee monthly until 100% compliance is met for 3 consecutive months, then quarterly until resolved as determined by the QA Committee.</p> <p>- <u>What date the systemic changes will be completed:</u> 2/24/23</p> <p><u>R0243 – Health Services –</u></p>	02/24/2023

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	<p>failed to ensure documentation was accurate for medication administration for 1 of 4 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>A record review was completed on 2/6/23 at 1:42 PM for Resident B. An order, dated 9/3/21, indicated to administer ipratropium bromide (nasal spray) solution 0.3% 1 spray in both nostrils three times a day for allergies.</p> <p>An interviewable list of residents was provided by the Administrator on 2/6/23 at 1:50 PM. The list indicated Resident B was interviewable.</p> <p>In an interview on 2/6/23 at 1:41 PM, Resident B indicated he self administered his nasal spray. Resident B indicated he had told the nurse he was out of his nasal spray 4 days ago and had not received the medication for 4 days.</p> <p>In an interview on 2/6/23 at 2:07 PM, Qualified Nursing Assistant (QMA) 2 indicated Resident B self administered his nasal spray. QMA 2 indicated she documented that she administered the medication to the resident.</p> <p>A medication administration record (MAR), dated 2/1/23 -2/6/23 was provided by the Director of Nursing (DON) on 2/6/23 at 3 PM. The MAR indicated staff administered ipratropium bromide to Resident B on:</p> <p>2/2/23: 7 AM, 1 PM 2/3/23: 7 AM, 1 PM, 7 PM 2/4/23: 7 AM, 1 PM, 7 PM 2/5/23: 7 AM, 1 PM, 7 PM 2/6/23: 1 PM</p>		<p><u>Non-compliance</u></p> <p><u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u> Resident B: Resident requested to complete a new medication self-administration assessment and has been assessed as able to self-administer his medication unsupervised. MD order received 2/15/23 for unsupervised self-administration.</p> <p><u>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u> All current residents residing at Silver Birch of Evansville have the potential to be affected by the alleged deficient practice. Licensed nurses and Qualified Medication Aides will be re-educated by 2/23/23 regarding documenting resident's refusal of medications, watching residents take their medications, signing out medications at the time of administration, and contacting a licensed nurse for authorization prior to administering a prn medications and documenting the name of the nurse that gave</p>	

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	<p>In an interview on 2/6/23 at 2:24 PM, the DON indicated the facility did not have a specific policy regarding medication documentation. The DON indicated staff should not have documented the medication was given if the staff did not give the medication to the resident.</p> <p>This State finding relates to Complaint IN00397938.</p>		<p>authorization.</p> <p><u>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</u> The Director of Nursing & Wellness (DONW) or designee will audit documentation every week for 3 months, then 1 time monthly for 3 months, then randomly for 3 month for appropriate documentation regarding medication administration. Any findings will be addressed at the time of discovery and recorded on an audit tool.</p> <p><u>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u> The DONW or designee will report audit findings to the Quality Assurance (QA) Committee monthly until 100% compliance is met for 3 consecutive months, then quarterly until resolved as determined by the QA Committee.</p> <p>- <u>What date the systemic changes will be completed:</u> 2/24/23</p>	